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21171 7590 06/29/2005

STAAS & HALSEY LLP

SUITE 700
1201 NEW YORK AVENUE, N.W.
WASHINGTON, DC 20005

08/11/2005 MBEYENE2 00000191 10653903

01 FC:1501 1400.00 OP
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/653,903	09/04/2003	Young-Bok Ju	1349.1284	3785

TITLE OF INVENTION: EJECTION CONTROLLING DEVICE FOR INKJET PRINTER AND CONTROLLING METHOD THEREOF WITH OPTIMAL DENSITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/29/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
STEPHENS, JUANITA DIONNE	2853		347-019000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 STAAS & HALSEY LLP
2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SAMSUNG ELECTRONICS CO., LTD.

SUWON-SI, REPUBLIC OF KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **19-3935** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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8/10/05

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45,317

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